



The County of Orange Employees

THE COUNTY OF ORANGE HEALTH PLAN COMPARISON CHART

This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

	County of Orange PPO Plans*						Health Maintenance Organizations (HMOs)**	
	Premier Preferred Choice		Premier Wellwise		Premier Sharewell		CIGNA Private Practice	Kaiser
	You or Your Dependent(s) Pay:		You or Your Dependent(s) Pay:		You or Your Dependent(s) Pay:		You or Your Dependent(s) Pay:	You or Your Dependent(s) Pay:
BENEFIT	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	HMO Provider	HMO Provider
Maximum Lifetime Coverage	\$2,000,000		\$1,000,000		\$1,000,000		No Dollar Limit	No Dollar Limit
Calendar Year Deductible	\$100 Per Individual \$200 Per Family		\$200 Per Individual \$500 Per Family		\$5,000 Per Family		No Deductible	No Deductible
Hospital Services								
• Inpatient	10%	20%	10%	20%	10%	20%	No Charge	No Charge
• Outpatient	10%	20%	10%	20%	10%	20%	No Charge	\$5 Per Visit
• No Precertification Review	30%	30%	40%	40%	40%	40%	N/A	N/A
Physician Care								
• Office Visits	10%	20%	10%	20%	10%	20%	\$5 Per Visit	\$5 Per Visit
• Second Opinion	0%	0%	10%	20%	10%	20%	\$5 Per Visit	\$5 Per Visit
• w/o Second Opinion	10%	20%	40%	40%	40%	40%	N/A	N/A
• Well Baby Care	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	No Charge to 23 months
• Diagnostic X-rays/Lab	10%	20%	10%	20%	10%	20%	No Charge	No Charge
• Immunizations	No Charge (Limited)	Not Covered	No Charge (Limited)	Not Covered	No Charge (Limited)	Not Covered	No Charge	No Charge
Accident Benefit	First \$500 at 100% then							
Provides coverage when you or your dependents are injured solely as the result of an accident.	10%	20%	10%	20%	10%	20%	Emergency Room \$25 Outpatient	\$5 Per Visit
Routine Exams – Adults								
Annual Physical	No charge up to a maximum annual benefit amount of \$250 In-network only	Not Covered	No charge up to a maximum annual benefit amount of \$250 In-network only (Except \$250 annual limit does not apply to specific procedures under "Wellness Benefit" in plan document.)	Limited to specific procedures under the "Wellness Benefit." See Plan Document.	No charge up to a maximum annual benefit amount of \$250 In-network only (Except \$250 annual limit does not apply to specific procedures under "Wellness Benefit" in plan document.)	Limited to specific procedures under the "Wellness Benefit." See Plan Document.	\$5 Charge \$5 Charge \$5 Charge Note: Well women exams are for breast and pelvic only; not a complete physical. May self-refer within designated plan medical group.	\$5 Charge \$5 Charge \$5 Charge Note: For well women exams, may self-refer to a Kaiser Provider.
Prostate Screening								
Well Women Exams								
Prescription Drugs	20%	20%	20%	20%	20%	20%	\$5 Per Prescription 30-Day Supply	\$5 Per Prescription Up to 100-Day Supply Dental Prescriptions Included
	Drug Card Program		Drug Card Program					
Maternity Care	10%	20%	10%	20%	10%	20%	No Charge	No Charge
Emergency Services	10%	20%	10%	20%	10%	20%	\$25 Per Visit Waived if admitted	\$5 Per Visit Waived if admitted
Ambulance	20%	20%	20%	20%	20%	20%	No Charge	No Charge



	County of Orange PPO Plans*						Health Maintenance Organization (HMOs)**	
	Premier Preferred Choice		Premier Wellwise		Premier Sharewell		CIGNA Private Practice	Kaiser
BENEFIT	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	HMO Provider	HMO Provider
Family Planning <ul style="list-style-type: none">• Contraceptives• Vasectomy• Tubal Ligation• Infertility Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$5 Per Prescription	\$5 Per Prescription
	10%	20%	10%	20%	10%	20%	\$5	\$5 Charge
	10%	20%	10%	20%	10%	20%	\$5	\$5 Charge
	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Limited, \$0 Per Visit	Limited, \$5 Per Visit
Mental Health <ul style="list-style-type: none">• Inpatient• Outpatient• Maximum Yearly Outpatient• Lifetime Maximum	10%	20%	10%	20%	10%	20%	No Charge Up to 30 Days \$20 Per Visit	No Charge Up to 45 Days \$5 Per Visit
	50%	50%	50%	50%	50%	50%		
	Up to \$50 Per Visit		Up to \$50 Per Visit		Up to \$50 Per Visit			
	50 Visits		50 Visits		50 Visits		N/A	20 Visits Per Year
	\$30,000 Maximum benefit combined with Alcohol and Substance Abuse below.						N/A	N/A
	Note: The Lifetime and visit maximums do not apply to certain conditions that are covered same as any other illness in accordance with the California Mental Health Parity Act.						Note: Lifetime, visit and day maximums do not apply to certain conditions that are covered same as any other illness in accordance with the California Mental Health Parity Act.	
Alcohol and Drug Abuse <ul style="list-style-type: none">• Inpatient• Outpatient• Maximum Yearly Outpatient• Lifetime Maximum	10%	20%	10%	20%	10%	20%	No Charge	No Charge, Detox Only
	50%	50%	50%	50%	50%	50%	No Charge	\$5 Per Visit
	Up to \$50 Per Visit		Up to \$50 Per Visit		Up to \$50 Per Visit			
	50 Visits		50 Visits		50 Visits		Detox Only	Unlimited
	\$30,000 Maximum benefit combined with Mental Health above.							N/A
Home Health Care	10%	20%	10%	20%	10%	20%	No Charge	No Charge
Skilled Nursing Facility	Limited (Limited to 60 Days)		Limited (Limited to 60 Days)		Limited (Limited to 60 Days)		No Charge (Up to 60 Days)	No Charge
Eye Refractions	Not Covered		Not Covered		Not Covered		\$5 Charge, Glasses \$10	\$5 Charge
Chiropractic <ul style="list-style-type: none">• Frequency Limitations• Yearly Maximum	10%	20%	10%	20%	10%	20%	\$5 Per Visit	\$5 Per Visit
	50 Visits Per Year		50 Visits Per Year		50 Visits Per Year		30 Visits Per Year	30 Visits Per Year
			\$1,000 Maximum		\$1,000 Maximum			
Durable Medical Equipment	Covered		Covered		Covered		Covered at 100% when prescribed by your Primary Care Physician	Not Covered
	Contact health plans for further details							

*PPO Plans: Designed to provide freedom to select physicians, specialists, hospitals and other service providers of your personal choice. A health plan is designed to protect you from unexpected expenses caused by illness or injury. The PPO plans pay 100% of eligible health care expenses that are in excess of \$10,000 per individual per calendar year.

PPO Provider: Delta Health Systems contracts with the Community Care Network (CCN), which is a Preferred Provider Organization (PPO). The PPO contracts with physicians, laboratories and hospitals in the community. As part of this network these "preferred providers" have agreed to provide services at rates, which are lower than their regular charges. This helps reduce the cost of health care for you, your dependent(s) and the County. You or your dependent(s) pay a lower co-payment percentage for PPO network providers. Using a PPO network provider is voluntary. You or your dependent(s) decide whether to use a PPO network provider for health care.

Non-PPO Provider: When you or your dependent choose a health care provider who does not participate in the CCN Provider Network, you or your dependent pays a higher co-payment percentage for non-PPO network providers.

**HMO Plans: Designed to provide quality comprehensive medical services, routine and preventive care while controlling costs by using either its own doctors or health care centers or by providing services through contractual arrangements with community health care providers.